GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

Testimony of Stephen T. Baron, Director, Department of Mental Health Committee on Health Public Hearing on Ensuring the Mental Health of District of Columbia War Veterans March 12, 2008

Good Morning, Chairman Catania, Council members and Council staff.

I am Stephen T. Baron, Director of the Department of Mental Health.

I really appreciate this hearing as I welcome the opportunity to talk with the Committee and others about ways we can be more responsive to veterans in need of mental health services and other supports. We've talked about this within the Department and with others in Mayor Fenty's Administration. Tim Smith and I recently met to talk about how we can work closer together. We know it is a growing population that requires attention. I also appreciate the opportunity to interact with partners both at the federal level and within the District government to help us take advantage of existing services and to strengthen available support.

In the Department, we have not paid as much attention to this area as it deserves and do not currently have the ability to know if an individual is a veteran. We are now looking at various options to put an identification code in our computer system to identify a veteran at the point of enrollment for any of our services—whether emergency stabilization, crisis care or homeless services. And, we intend to work with our provider community to use this function so we can identify and track veterans throughout the District public mental health system.

Most of the work that we do with veterans that we know about is through our homeless services. At any give time, about four or five veterans are on our active case load of about 60, and during the course of a year, we probably serve about 20 self-identified veterans.

Let me give you a few examples of the work that we have done and the challenges we face:

Last year, our Homeless Outreach Team worked with a veteran who had been living on the streets for a number of years. He had chronic medical and mental health problems but generally was not able to follow through with going to the VA hospital for services. We worked closely with a street outreach program (not the VA outreach) to monitor his process. We became concerned about a medical condition and arranged for him to be taken to the VA Hospital where he stabilized. He was later transferred to Perry Point, a Maryland VA long term treatment program, and from there moved into permanent housing. To our knowledge, he has not been homeless since then.

In another case, we were not as successful. We are working with a veteran seen by the District's supported hypothermia van whose staff provides him with blankets on occasion. While he is known to be mentally ill and has a diagnosis according to the VA, he is not able to go to the VA due to his paranoia. Therefore, we continue to link him to services.

We also are working with a veteran who recently was hospitalized at Saint Elizabeths Hospital and has been in the DC Jail. He is very paranoid and has been known to assault people due to his mental illness. He is now at a night shelter where our Homeless Outreach Team and Psychiatry

Resident see him a few times a week. We have referred him to the Pathway to Housing program and he is awaiting housing.

As you can see from these examples, we provide both direct services to veterans and help them access services from the Veterans Administration. As we put a system in place to identify veterans, we hope to strengthen these linkages.

Chairman Catania, this concludes my testimony and we are available to answer questions.

Thank you.